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ABSTRACT

The Carolina Counselors Spring Symposium, held in March, 1976, provided a setting in which faculty and students delivered papers focusing on their current interest areas in counseling and counselor education. The resulting publication contains studies on widely different subjects. Included in this volume are articles on: (1) mental patients' right to treatment; (2) phenomenological counseling; (3) counsulting with parents in the principles of behavior modification; (4) career planning for black graduate students; (5) self-disclosure as a counseling technique; (6) organization development of community systems (a conceptual model for counselor education); (7) children's rights; (8) attitudes toward the blind; and (9) group methods in geriatric institutions. Background information about the author precedes each article. (Author/BP)

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# Carolina Counselor

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COLLEGE OF EDUCATION ■ THE UNIVERSITY OF SOUTH CAROLINA

# Carolina Counselor
1976

Presented
by

The Faculty
in
Counselor Education
and
Rehabilitation Services Training Program

Gary M. Miller
Joseph C. Rotter
Compilers

College of Education
Leon M. Lessinger, Dean
University of South Carolina
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## FOREWORD

If my history is right, the ancient Greeks invented the symposium -- for them a "convivial meeting for drinking, music and intellectual discussion." It seem to be so hard to remember that the essence of a university centers on such convivial meetings.

I am particularly pleased with the student-faculty interchange of ideas promoted by this particular symposium. Whitehead suggested that "...Education should turn out the pupil with something he knows well and something he can do well." He went on to add, "This intimate union of practice and theory aids both." It is precisely that union which the symposium highlights.

The symposium serves still another purpose. I find commendable the basic theme which runs through the interchange. I would term this theme a design for client "well-being." I detect this design in the stress on counselors to create the proper atmosphere, to have clients share a feeling of importance, to give their clients opportunities to know what to expect so that basic trust can develop and be maintained..

Professors Miller and Rotter have assembled a rich mixture of ideas and practices. I know that this work will find an enthusiastic audience.

Leon M. Lessinger, Dean
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# PREFACE

Graduate study in counselor education focuses on numerous areas such as skill training, assessment, and research. Many opportunities arise in and out of classrooms where students and faculty can share their ideas on various issues in the profession.

To facilitate this sharing process the first annual Carolina Counselors" Spring Symposium was held on March 9, 1976, at the University of South Carolina. It provided a setting in which the faculty and students delivered papers focusing on their current interest areas in counseling and counselor education. The participants and those in attendance were able to share their ideas and learn more from and about each other. The papers in Carolina Counselor represent their efforts and are presented for you.

Special thanks go to Dean Leon M. Lessinger, Dr. Walter R. Bailey and Dr. Lee Baruth for their support of this effort. Ms. Willa Williams and her staff in logistical support were most helpful in duplicating the materials. Ms. Lynn Mahaffey and her staff in Information Services aided by Dr. Johnnie McFadden's suggestions are credited with developing the cover. Mr. Richard Davis and his personnel in University Printing assisted in assembling these papers.

Students and faculty in Counselor Education and Rehabilitation Services Training are the heart of the program and the focus of Carolina Counselor.

Columbia, South Carolina
1976

Gary M. Miller
Joseph C. Rotter

## INTRODUCTION

The nine papers that are presented cover an array of topics. Rosemary Goad investigates the rights of mental patients to fair and adequate treatment. Dr. Ed Hayes presents his views on phenomenology, the third force in psychology and its implication for counseling. Consulting parents regarding behavior modification by Gary Kannenburg provides interesting information for the reader. Dr. Johnnie McFadden presents his ideas on the career counseling of black graduate students. Self-disclosure on the part of the counselor and its impact on clients is explored by Frederick Paschal. Organizational development implications for counselor education are presented by Mary Lou Reinken. The rights of children and the counselor's responsibility is a current issue addressed by Dr. Joseph C. Rotter. Attitudes about the blind are explored by Elmer Smith, and Jerry Ward addressed his paper to geriatric patients and group approaches currently used with them.

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# Right to Treatment for Mental Patients: Developments and Current Issues

Rosemary Goad, Ph.D. Candidate

University of South Carolina

Presently working toward a Ph.D degree in Counselor Education, Rosemary Goad holds a graduate teaching assistantship in the College of Education and an assistantship in the Counseling and Human Development Centers at the University of South Carolina. She has a M.Ed. in Student Personnel Services and experience in student personnel work at the University of Georgia and the University of Texas at Austin in the area of residence life. While in graduate study, she plans to develop skills in teaching and working with groups in organizational and educational settings. She is also President of the Counselor Education Doctoral Students Association. Ms. Goad may be contacted for more information related to her paper c/o Suite 200 Wardlaw, College of Education, University of South Carolina, Columbia, South Carolina 29208.

Right to Treatment for Mental Patients:
Development and Current Issues

In recent years there has been remarkable activity in the United States related to the rights of mental patients. A major new legal thesis has evolved since the 1960's claiming adequate treatment for the institutionalized mentally ill as a constitutional right. Particularly in the class action suit, litigation has emerged as a powerful mechanism in the courts for unprecedented and accelerated change in mental health systems.

In May of 1960, an article appeared in the American Bar Association Journal written by Morton Birnbaum, entitled "The Right to Treatment." The author focused on a particular neglect of the legal process in terms of there being no significant and realistic consideration given to the problem of the institutionalized mentally ill person. No litigation had confronted the issue of persons receiving inadequate or negligible medical treatment in hospitals in order that they might regain health and, therefore, liberty as soon as possible. Birnbaum's article struck to the core of institutional inadequacies in dealing ineffectively with mentally ill persons as he termed them "inmates" instead of patients. He charged that custodial rather than therapeutic care was being given and that the least trained member of the staff, the ward attendant, rather than the psychiatrist, had the greatest control over what treatment was given the inmates.

Three court cases, Ragsdale v. Overholser (1960), Rouse v. Cameron (1966), and Nason v. Bridgewater (1968), set precedents in the interpretation of the constitutional rights for treatment which bolstered the landmark decision in Wyatt v. Stickney (1972). The suit was filed as a class action on behalf of all patients at Bryce Hospital in Tuscaloosa, Alabama. It was later extended to a suit for all three state hospitals in Alabama.

The court determined that programs of treatment in the mental hospitals in the state of Alabama were scientifically and medically inadequate and deprived patients of their constitutional rights. A formal hearing was ordered in which the parties directly involved in the case and amici curiae submitted proposals for adequate treatment and expert testimony regarding standards for treatment. Representatives testified from the American Psychological Association, the American Orthopsychiatric Association, the American Civil Liberties Union, the American Association on Mental Deficiencies, and the Center for Law and Social Policy. The final decree defined qualified mental health professionals, specified individual treatment plans, and appointed human rights committees in each hospital to report back to the court. Judge Johnson emphasized that failure to comply with the order would not be justified by lack of operating funds.

The term "right to treatment" was originally used by Birnbaum (1960) as a matter of convenience in his calling for institutional

redress. It has been used consistantly in court cases to support the existence of a constitutional right. One may question this terminology since no "right" is specifically stated in the Constitution.

As Robert Schwitzebel (1973) stated, "The basic notion underlying the right to treatment is straightforward. If the purpose of involuntary confinement is to provide treatment for the patient's condition, then treatment should in fact be provided" (p. 514). Clearly if mental hospitals are not to be punitive or merely custodial, then they exist in order to provide treatment for those committed to their care. This point was explicitly made in the Ragsdale v. Overholser case and reiterated in the Wyatt v. Stickney suit.

The viewpoint of the persons implementing the court's decisions and ones who have experienced the results of the litigation must be considered. S. B. Stickney (1974) described candidly the problems in implementing the court's decree. He willingly pursued the litigation process and cooperated fully in the hope that more money would be allocated to the mental hospitals so that needed reforms could be instituted. He did, however, understand the limitations of the bureaucratic organization within the hospital structure to change quickly and pervasively.

As Kenneth Kramer (1974) cogently stated, "There is a real difference between statutory legal rights and effective legal rights. The former can be ordered by decree but the latter are enforced through the conscience of the hospital staff and particularly the ones who work with the patients daily" (p. 476). He pointed toward realities of the hospital situation in terms of many of the patients being either unable to understand their rights when explained to them or incapable of asserting them. Also Kramer (1974) emphasized that the patients need assistance to make their rights meaningful.

One interesting report, "Advocate Informs Patients of Rights and Responsibilities," epitomized the spirit of the law (Ettlinger, 1973, p. 465) in terms of a combined effort of staff and patients to protect patients' rights. At the Augusta State Hospital in Maine, an undergraduate pre-law student was appointed ombudsman for an experimental summer program. His job was to serve as a patient advocate, inform patients of their rights and responsibilities as citizens, and help the patients advocate for themselves. As a result of these efforts, patients formed a hospital-wide council with representatives from each ward. Each ward drew up rules and regulations for patient lounge use, approved tours requested by community groups, and sent representatives to the hospital nutrition committee and committees for patient education. Ettlinger (1973) noted that the ombudsman role caused tensions at first. One hospital employees' organization went on record as being against the patient's right to refuse treatment and tensions were evident in staff who feared being sued by patients. In practice, however,

it became obvious that there would be no lawsuits or refusals of treatment, so tensions subsided. Their current patient advocate was a former Augusta Hospital patient for eight years. He was serving in a permanent and productive position in the hospital.

Cases modeled after the Wyatt v. Stickney litigation have emerged in Tennessee, Massachusetts, New York, South Carolina, and Florida. This current litigation has included involvement and cooperation among the parties, experts, and government units.

The issue of advocacy for civil rights is emerging in all strata of American society. "Previously powerless and neglected groups in society are using the judicial system as both a forum for expression of legitimate grevience and as an effective responsible vehicle for social change" (McGarry & Kaplan, 1973, p. 622). Rights of children, juveniles and high school students, as well as the aged, are being defended in the courtrooms and brought before the public. Certainly the professionals in all helping professions must be aware of the developments of the legal issues related to the people they serve.

For the purpose of this paper, the right to treatment issue has been developed in terms of the litigation and the mental health professional's involvement in defining and procuring this right for mental patients. The legal implications must not be dealt with categorically, but rather with a genuine effort to discover the meaning for each individual involved.

One major implication of the Wyatt v. Stickney standards is that the role of the psychologist and mental health personnel is being defined in terms of the legal rights of the client. To date, this definition has included the types of medication a patient can have, the qualifications and responsibilities of the person administering medication and treatment, and the quantity and quality of psychological treatment. The merits of the movement toward court-defined treatment are debatable; however, the realities of the present movements are clear.

In recognition of this fact, psychology and counseling education programs should make a thorough appraisal of the curriculum and consider the advantages of including courses in constitutional law. Moreover, recent court decisions that define the use of treatment and practices in the mental hospital setting should be considered in the revision of existing courses and experiences so that future psychologists and mental health personnel are not being trained for obsolescence - much less for unlawful behavior. Finally, practicing and licensed psychologists and counselors need to become more involved in the legal process so that intelligent comment can be more available to the court.

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# Phenomenological Counseling

## A Third Force in Counseling Approaches

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Edward D. Hayes, Associate Professor in the program for Counselor Education in the College of Education at the University of South Carolina, is a graduate of Central State University at Wilberforse, Ohio. He earned the M.Ed. at Florida A & M University and the Ed.D. at the University of Florida. He has held positions in public education as Dean of Men at Carver High School, DelRey Beach, Florida; Counselor Instructor at St. Petersburg Junior College; Summer Counselor Supervisor at the University of Miami; Director of Pupil Personnel Services, Coordinator of Guidance Services in Alachua County Schools in Gainesville, Florida; participant in Max Raines Carnegie Cooperation sponsored study of Student Personnel Programs in Community Colleges. He was for four years project director in a special research and demonstration project in mental retardation among minority groups, under joint sponsorship by the National Urban League, Family Services Association of America, and the National Association for Retarded Citizens. He served as consultant to the President's Committee on Mental Retardation and is currently a member of the Association of Humanistic Psychology and Phi Delta Kappa. He recently published a handbook for peer counseling.

## Phenomenological Counseling
## A Third Force in Counseling Approaches

The experiential or perceptual view of man (Phenomenology) offers some exciting possibilities for developing self understanding as well as for understanding others. Traditional psychology, upon which most of our counseling theory is based, borrowing from the natural sciences, studied man from the outside looking in, thereby, reducing him to an object. Of course, this external approach led to human fragmentation. The experiential approach is literally a re-membering-a putting back together. During the past twenty years scientists of all persuasions, the so-called hard disciplines, have been recognizing a convergence of knowledge. Even physics, the once "crowned queen" of objective science, today takes into account the human observer together with his experience. The experiential or perceptual view of man is a holistic approach. The totality of the experience of man is valid. Those who follow this humanistic approach, as it has come to be known, attempt to know the person from his own internal frame of reference. While remaining aware of our own experience, we attempt to enter the world of the individual and to experience that world as he/she experiences it. You may ask, "How can that be done?" The answer is found through "emphatic understanding." Empathy is the double helix, the key to understanding the other. It unlocks the repository of our collective experience revealing the broad spectrum of human feelings. All have known pain, tragedy, love, loss, sorrow, and joy. The experiential approach once again legitimizes subjectivity, enabling us to explore a new dimension of human existence.

I suppose there will always be a proliferation of ways to counsel or to study individuals. Ultimately it is the question one asks, the values one holds, and the faithful adherence to method that validates one's search. Research results bear out the view that it is the degree of the authentic experiential process during therapy and not other aspects of what the patient and therapist say or do which predicts success.

Since the late Gordon Allport and A. H. Maslow gave credence to the self report as valid in research, research activity on this new frontier has been mounting. The sixties was a period of high tension, of racial and communal strife. I felt at the time that it was the high call of the American people to fashion neither heroes nor swine but to fashion men. While at Florida during the period under Ted Landsman and Sidney Jourard, I researched the experience of manhood. A student of mine here at the university is completing an interesting study of the experience of womanhood. Women now occupy center stage, the center of attraction, the cynosure of all eyes. We have looked at the early experiences of youthful offenders at Manning Correctional

Institution with the view of being able to predict types of crime from early negative experience.

The experiential humaniastic approach represents an effort to bring humaniam into modern science. It has two recognizable characteristics, namely: 1) criticism of rigid methodology and of confining study to certain prescribed areas and patterns, and 2) concentration on man experiencing his existence. The self is viewed as the central core of the person. We see self as subject, not as object - a doer, proactive. We feel that we must reject the rigid reactive positions of the Freudians and the Behaviorists as the best tales told of mice and birds.

From the humanistic perpective the counseling interview is likened to a little journey upon which two lovers embark. They experience each other at great depths. When the exploration ends, its ending, its homecoming, is best described in a line from a poem which Ted Landsman at Florida is famous for quoting: "The lover whispered into the ear of his beloved, darling, the wine that we drank together was more than wine, and the bread we ate together was more than bread." Does that sound like communion, Martin Buber's I-Thou communion? To be truly counseled is to have been in the genuine presence of another and to have experienced the other at some depth, at a place non-judgmentally, "beyond good and evil."

This new dimension may sound mystical to some of you, but there is nothing mystical or soft-headed about it. From our holistic stance we can face all others and say "Man may be what you describe him to-be, but he is infinitely more. He is not a product, he is a process - a being-in-process of becoming."

Traditional reseach is based largely upon nomothetic data (large populations). The experiential practioner accepts the idiographic (the single case). The life experience of one man may have significance for all of us. We must double our efforts to study the lives of beautiful, noble people, healthy people, not just the sick. As I learned in a hospital setting, remaining too long among the sick tended to make me sick. Our study of the experience of pain and despair must be more than balanced with the study of the experience of caring and the experience of joy. We must produce joyful counselors. I suppose that I have rambled on for too long, boring some of you with those "high flown ideas." I would like to close by inviting those of you who are excited by the possibilities of such study to join us in our search for self. Brennecke and Amick wrote, "Man is born. Man dies. In between, what? Is there meaning to the round-robin experience called life?" If in our quest, our search for meaning, for authenticity, we do not find <u>self</u> whatever else we may find does not matter. Thank you.

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# Consulting Parents in the Principles of Behavior Modification

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During the past seven years I have pursued education relating to the helping professions. My undergraduate training focused primarily in the fields of psychology and social work, while my graduate experience has been in the related field of counseling. My present educational endeavors, at the University of South Carolina, are directed toward a doctorate in this area. I have practiced this profession in agencies as well as school settings, on an individual, family, and group basis, and with the use of a diversity of helping strategies. This education and experience has been instrumental in the construction of, what I believe to be, a sound opinion concerning the nature and behavior of man. This opinion is partially exhibited by the following review. However, my interest in the behavioral methodology and its foundational learning theory is not such that it excludes exploration of any reasonable competing opinions.

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## Consulting Parents in the Principles of Behavior Modification

In recent years counselors have invested considerable time and effort in the area of preventative psychological services. These preventative services have focused on eliciting change from some of the significant forces affecting childhood development. There is considerable agreement among helping professionals that parents and teachers represent the two primary forces effecting childhood development. This article will be concerned with efforts directed toward the training of parents. However, many of the techniques utilized in parent training are also applicable to the training of teachers.

With this contemporary focus on the training of nonprofessionals, a variety of training approaches have become popular. Many of these approaches are nonbehavioral and concentrate on teaching parents various skills. Teaching parents communication techniques (Gordon, 1971), insight into child behavior (MacNamara, 1963), and parental understanding of purposeful behavior (Dinkmeyer & McKay, 1973; Drekurs & Gray, 1968) exemplify these movements. This article reviews the literature relating to the training of parents to produce change in their children's behavior through the application of learning or behavioral principles. The review includes a rationale for training parents; the advantages of using behavior modification in parental training; an overview of contemporary studies in this field; a discussion of the subject; and conclusions from the review.

In determining a rational for training parents, a number of realities emerge. Lindsley (1966) suggests a need for parent training in consideration of the large number of children in need of services. On this same issue, Hawkins (1972) sees the need for mandatory parent training programs in our public schools as the only hope in reversing the trend. Given this broad need for child services, parents and teachers are the only two groups which contain sufficient numbers to be effective.

Another important consideration is that parents work with children within their natural environment. Evidence suggests that the most effective and efficient bahavior changes occur within the subjects natural environment (Tramontana, 1971; Wahler & Erickson, 1969). The parent is also in a position to devote more time to the implementation of behavior change.

A final rationale is seen in the parents as representative of a significant force in the child's development. Dependency, security, and a number of other phenomena may play important parts in developing parental influence. Whatever the determinants, parental influence is a significant force primarily during the preschool years (Hawkins, 1972). Counselors often assume to represent a significant force in the child's development on a

one-to-one or group therapy basis, but evidence involving mildly neurotic children suggests that those children may fare no better than children receiving no treatment at all (Appel, Amper, & Schefler, 1953; Levitt, 1963).

It is often difficult to compare one consulting approach to another since no one criteria for evaluating success is universally accepted. For example, the research criteria of applied behavioral analysis, as defined by Baer, Wolfe & Risley (1968), lends itself to the behavioral evaluation of parent training in behavior modification. This criteria is unacceptable, or, for the most part, not utilized by many other popular approaches. Most approaches do, however, consider the specific advantages of their methodology. Authors interested in the advantages of consulting parents in behavior modification (Hawkins, 1972; Ullman & Krasner, 1965; Werry & Wollersheim, 1969) collectively list six such advantages. These advantages are: (a) many childhood problems consist of relatively well defined, specific behaviors that are conducive to behavioral treatment; (b) the ability of nonprofessionals, unskilled in sophisticated therapy techniques, to learn simple principles of behavior modification and carry out treatment programs; (c) many persons can be taught at one time; (d) only a short training period is required; (e) because of basic behavioral assumptions, parents need not assume the child's behavior as "sick"; and (f) the applicability of behavior modification in dealing with problems in the natural environment.

A summary of this introduction reveals the growing emphasis on preventative psychological services and the focus on the training of significant others, primarily parents, in positively influencing childhood behaviors. Working within the child's natural environment appears to be an effective method in this movement and is conducive to the behavioral approach. Behavior modification offers a number of advantages over more traditional approaches and is a vital part in the training of parents.

## Review of the Literature

In reviewing the literature pertinent to consulting parents in behavior modification, five areas will be explored. These areas are: (a) approaches to behavioral consultation; (b) techniques in consulting parents; (c) types of parents; (d) types of childhood problems; and (e) program implementation and the maintaining of the participants' interest.

### Approaches in Behavioral Consultation

Individual consultation, educational groups, and controlled

learning environments, represent the three most common approaches to consulting parents in behavior modification (Walder et al. 1969).

The direct modification of parent behavior through individual consultation is probably the most successful training approach. This type of consultation refers to the training of one set of parents to deal with a child problem on a clinical level. These efforts are usually directed without seeing the child (Johnson, 1971). This approach is most beneficial in cases requiring specific problems on a one-to-one basis (Patterson, Cobb & Ray, 1972). This method may entail training of behavioral principles, behavioral practice in the clinic, and direct observation of the home environment (Zeilberger, Sampson & Sloane, 1968). The most significant advantage to using individual consultation is found in its efficiency. A report by Mira (1970) of 82 parents receiving individual consultation revealed 2.1 hours of consultation to achieve modification in comparison to group cases revealing a 3.9 hour investment per parent. This particular report may be misleading since individual behavioral consulting has reached a more sophisticated stage of development than has the educational group efforts.

The educational group method of consultation was an outgrowth of experimental work done in investigating parent-child relationships and the manipulation of reinforcers (Bijou, 1957; Patterson & Hinsey, 1964). Pumroy (1965) conducted the first behavioral training groups and evidenced astounding results. The approach is designed to work with parent groups on specific as well as nonspecific child behavior problems (Patterson et al., 1972). The goal of the educational group, similar to that of individual consultation, is the internalization of basis learning principles for use in modifying child behavior in their natural environment.

The "responsive teaching model" devised by Hall, Axelrod, Tyler, Grief, Jones and Robertson (1972) yields the most descriptive explanation of the educational group approach. The ideal group consists of from 5 to 10 parents. The teaching of behavior modification is attempted on a simple concrete level so as not to confuse or overburden the learners. Training sessions are conducted in "comfortable" setting with a duration of from 40 to 70 minutes and films, lectures, and discussions are integral parts of the learning experience.

A third approach to consulting parents is the use of controlled learning environments. Unlike the group or individual approach, the controlled learning environment entails direct shaping of parent behaviors by means of implementing behavioral techniques. The parent behavior are first observed and recorded either in the home environment or in the laboratory. Then behavioral techniques are used to modify the parent's behavior. Parent behaviors are usually

directed by signaling devices. Johnson & Brown (1969), for example, shaped the parent's behavior by means of a red light which reinforced correct reactions to their children. The immediate feedback that the parent recieves, contingent on the behavior, is an obvious advantage and difficulties in counselor-counselee communication are practically nonexistant. However, disadvanages, particularly cost and time, are equally obvious.

Consulting Techniques

It has been previously mentioned that techniques in the training of parent's center on the parent's acquisition of behavioral skills. The most freguently used technique has been verbal direction (Patterson, 1965). Programmed instruction texts (Lindsley, 1966), films (Hall et al., 1972 & Walder at al., 1969), and lectures (Hall et al., 1972) have been predominant in training behavioral skills in this manner. Behavioral home assignments, contracts, and open discussions are also used as training techniques (Rose, 1969).

Another widely used technique is that of "behavioral rehearsal". This technique requires the parent to practice desired behaviors in the clinal setting before applying them to the child (Johnson, 1971). Videotape procedures have been used to record baseline parent-child interactions for use as progess feedback (Bernal, Williams, Miller, and Reagor, 1972). The technique of "modeling", which involves demonstrations of desired parent behavior by the consultant or group peers, has also been of worth (Sherman & Baer, 1969). Patterson et al., (1972) considers immediate positive reinforcement to the parents, as they develop behavioral skills, as the most important technique used.

These techniques are those which are most widely used by behavioral consultants. They are by no means inclusive of the vast variety of unique techniques found in the literature.

Parent Types

Research material relating to the effect of parent characteristics on training is, for the most part, inconclusive. Some authors (Patterson, 1972; Salzinger, Feldman, & Portnoy, 1970) have found educational level, intelligence, socioeconomic status, and reading ability important determinants in training success. Others (Hirsch & Walder, 1969; Mira, 1970) have found no evidence that these variables effect training at all.

In another area of parent characteristics, personality profiles, observations are quite consistent. The majority of studies including Patterson (1965) and Garnat et al., (1972) recommend thorough screening of severe neurotic and psychotic parents.

Research suggests any attempt at training these parents will result in limited if not futile results (Bernal et al., 1972). Most authors recognize the individual variability in respect to personality and less measurable attributes such as motivation and cooperation. Bernal, Duryee, Pruett, and Burns (1968) suggest tailoring either one or a combination of the three behavioral training approaches as a means of contending with this variability.

Types of Problems

The list of child behavior problems of which parents can be trained to modify is extremely long, and definite problems arise in first defining the problem behavior. Under the assumption that the problem definition is correct, this section contains a partial list of specific child behaviors which parents have been trained to modify. Parents have been trained to modify specific behaviors of children who were evaluated as schizophrenic (Gardner, Pearson, Bercovici, and Bricker, 1968), autistic (Mathis, 1971), retarded (Walder, Cohen, Breiter, Daston, Hirsch, and Leibowitz, 1969), and school phobic (Patterson, 1965). Aggressive behavior (Zailberger et al., 1968) and withdrawal behavior (Allen, Hart, Buell, Harris, & Wolfe, 1965) have also been modified. Lindsley (1966) reports success in training parents to modify a wide variety of everyday home problems. In fact, behavioral theory (Skinner, 1938 & 1971) contends that parents can be trained to modify any or all overt child behaviors.

Starting Programs and Maintaining Interest

Many consultants have encountered difficulties in both starting training programs and maintaining the interest and attendance of the participants. Behavioral consultants are no exception.

Hardships in attracting parents to training programs have been evidenced by a number of consultants. One excellent illustration (Peine, 1971) cites the mailing of 12,000 invitations to parents through a local school systems training program. A total of 130 applications were received.

Lindsley (1970) reported that when behavioral theory and vocabulary were used as a basis for training, over 70% of the parents in the training groups made no attempt at using modification procedures. This rejection might be explained as a lack of understanding of the psychological terminology (Russo, 1964), a disinterest in the complexity of concepts, or a personal non-acceptance of the behavioral view of man. Cohen (1970) reported

similar difficulties during the training phase in which parents were taught counting and recording skills. The attendance of that training group was cut in half following this phase.

In an attempt to counter these technological shortcomings, various innovative ideas have been initiated with varying degrees of success. For example, Patterson, McNeal, Hawkins, & Phelps, (1967) concentrated on helping parents internalize only the most basic principles of reinforcement, shaping, and modeling. Examples of these principles were also prevalent in the training sessions. With this as a format for training, a one dollar subtraction from clinic fees was made contingent on the parents' recording an instance of their reinforcing of their child's desirable behavior. Patterson et al., (1972) also reported telephone procedures as being successful in maintaining parent involvement and the maintainance of interest. Hirsch & Walder (1969) had almost perfect attendance when the reimbursement of the $50 registration fee was made a contingency. The most successful results in this area were shown by the work of Peine (1971) in which social rewards, monetary contingencies, and written contracts were used.

The most impressive aspect of program implementation and maintanance of involvement is the continuing attempts, by the researchers, to openly recognize, confront and empirically test all viable alternatives in the resolution of these problems.

## Discussion

In an overview of the literture reviewed, two issues consistently appear. The first relates not only to the training of parents in behavior modification, but also to the larger controversy of the ethics of using any type of behavior modification. The second issue concerns disagreement among behaviorists as to the effects of parents training based on conflicting results of training studies.

It is generally accepted that for any theory of human behavior to survive, become widely recognized and utilized, it must first be accepted and supported by the culture in which it operates. This first issue relates directly to the future of behavior modification practices in the United States. Shortly after its conception, (Skinner, 1938) operant theory was heavily criticized. This criticism does not center on any lack of results to substantiate the theory but rather on the basic assumptions of man and the technology of behavior modification. Since these criticisms focus on the philosophical issue of man's autonomy or non-autonomy it is improbable that total theoretical validation is ever possible.

This being the case, behavior modification practice will continue to encounter serious difficulties at least until this culture becomes more accepting of its basic assumptions and technology.

The second issue concerns the validity of using behavior modification in the training of parents. The literature review of this topic has concentrated on studies which favor its use. However, Werry & Wollersheim (1969) concluded that the articles showing behavior modification to be effective in modifying the behavior of children about equalled the number of articles that claim it is not effective. For example, Ferber, Keely, and Shemberg (1974) attempted to duplicate a well specified parent training program, proposed by Patterson and his associates (Patterson et al., 1965 & Patterson et al., 1972), and obtained a success rate far less than that typically obtained by the Patterson group. Similar contradictions are prevalent throughout the literature. This ambivalence is not necessarily a shortcoming of this approach since it is the only approach which adheres to a strict, well-defined set of research criteria. This implies that other nonbehavioral approaches may find far less verification if similar research criteria were utilized.

## Conclusions

Two major goals of this article have been to reference research material which indicates that parent behavior change is functionally related to behavior change of their children and to survey evidence that supports the use of behavior modification with both parents and children. From these studies the evidence suggests that behavior modification is indeed successful in parent training and in the changing of many child behaviors. The most immediate problem appears to be the implementation of behavioral technology. This problem is understandable, considering the fact that parent consultation in behavior modification is a relatively new method with nearly all the research conducted within the past ten years.

Consultants interested in this field also consider the mass dissemination of knowledge and techniques as a primary goal. It would be unrealistic to expect any great societal impact by either individual or small educational group consultation. Programs designed to work within existing institutions or communication modes are commonly recommended (Hawkins 1972).

The consulting of parents, and other significant child influences, in behavior modification is one of the rapidly expanding areas of preventative psychological services. But the

behavioal appraoch is only one part of the total efforts in this area. In recognition of this fact, an open-mindedness is called for in the future development of programs. Philosophical and theoretical backgrounds of all approaches must play a secondary role to a more pragmatic comparison of techniques based on empirical evidence.

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# Career Planning for Black Graduate Students

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The author has a variety of professional and research interests. Among them are instructional approaches related to counseling services for Blacks and other cultural groups that have experienced mass oppression by the dominant society, basic techniques for group counseling, guidance activities for young children, and system variations for problem solving. The author's educational experiences encompass teaching, administrative, and counseling functions from the pre-school level through post-secondary and higher education. He has an intense interest in delivering services to and for the community, as a fundamental phase of his personal philosophy states that the inclusion of the total community in establishing goals and determining vehicles for attaining common goals is the nucleus for upward mobility of a people. The author believes that relevant counseling services must be accessible to everyone via community-based organizations and leaders.

## CAREER PLANNING FOR BLACK GRADUATE STUDENTS

Career planning for Black graduate students recently has gained considerable emphasis on many college and university campuses. A number of organizations and institutes also have expressed intense interest in career counseling for Black students at both graduate and undergraduate levels. A sampling of such interest groups includes NABSE-National Association of Black School Educators, NAFEO National Alliance for Equal Opportunity in Higher Education, ABP-Association of Black Psychologists, ANWC-Association for Non-White Concerns in Personnel and Guidance; ISE-Institute for Services in Education; TACTICS-Technical Assistance Consortium to Improve College Services; SEF-Southern Education Foundation, SREB-Southern Regional Education Board; and others. This issue is one of paramount concern as the destiny of Black graduate education correlates with the provision of relevant and adequate counseling services for Black students.

The propensity for Black students in professional schools and graduate education is a germane challenge that Black leaders and counseling personnel must face. While the 60's represented a period of rapid acceleration toward the recruitment of numerous Black students in post-secondary institutions having accredited programs for professional study, the 70's show a decline in active recruitment of Black students, professors, and counselors in professional schools and graduate education.

In 1973, doctoral students at public institutions, in general, within the sciences (engineering, physical, mathematical, life, psychological, and social), received financial aid to support their studies primarily through research assistantships and teaching assistantships. The amount of change over a one-year period was +2.2% for the former and +2.3% for the latter. The amount of change over a one-year period for fellowships and traineeships was -11.5% and for other types of support, -7.3%.[8] The inference indicates that the probability for Black doctoral students to secure financial assistance within the aforementioned sciences is greater via research and teaching assistantships. How does the panorama look then for these students at the master's level? For full-time graduate students pursuing the master's degree, the avenues providing positive visibility also represent partial research and teaching assistantships.

Consistently during the last three years, the field of engineering has claimed gains in the number of Black students. Bradley of the American Society for Engineering Education (primarily supported by the Alfred P. Sloan Foundation) states that graduate school Black

enrollments are expected to continue to grow in engineering as well as in other fields where this group is dramatically under-represented. Total non-white enrollments for 1975-76 accounted approximately for 6.2% of the reported enrollment in engineering schools. Of the total 1975 non-white enrollments, 61.8% were Black students.[6]

Coming to grips with the notion of having non-Blacks to set goals for Black students, to establish parameters within which Black people must function, to determine career aspirations for thier young aggressively to seek Black scholars and gifted coeds is a realistic destiny for Black leaders to operationalize. To cite an example, in 1972 the Alfred P. Sloan Foundation on a national level encouraged establishment of the goals for "minority-group" enrollment in engineering schools. "The number of new engineering graduates for each minority group should be the same proportion as the proportion of minority groups in the general population."[6]

National reports indicate that enrollment of non-white students in engineering has increased at a faster rate than engineering enrollments as a whole, resulting from efforts among business and engineering schools.[6] As these groups design activities for Black engineering students, think about and scrutinize the following efforts:

1. Programs to recruit and retain Black students

   a. Establishment of dual-degree programs by liberal arts and technical schools ...

   b. Relaxation of transfer policies ...

   c. Pre-engineering institutes ...

   d. Tutoring and scholarships ...

2. National Academy of Engineering's National Fund for Minority Students

   Scholarship fund to offer financial-aid incentives to engineering schools that increased their minority enrollment ...

   (1,328 scholarships totaling $1.2 million were awarded to 117 engineering schools.)[6]

3. Advertising campaigns and traveling exhibits ...

4. Major corporations producing summer and fall workshops for colleges, high school, and junior-high minority-groups (e.g., pre-engineering education and remedial

work in engineering) ...

5. The National Academy of Engineering itself having assumed responsibility for organizing efforts ...

6. Cooperative programs designed to offer combined work and study experiences to students ...

The federal government has now reorganized the need to engage in providing financial support for non-white students aspiring toward areas of concentration in engineering. The American Society for Engineering Education has established a task force to study "the government's role in aiding the production of minority-group engineers and is expected to release a report" by the end of this calendar year.[6]

While the National Board on Graduate Education has called for targeted programs to increase the number of Black students in graduate schools and to give them adequate support once enrolled, the Board has rejected the notion that one important barrier to Black student participation in graduate and professional education is "his or her motivation." An individual in response to NBGE said, "While I would not use the word motivation, I think that many minority students have set the attainment of a bachelor's degree as a realistic goal. The setting of goals that appear to be reasonable and within our abilities to achieve is a process that most of us follow. In fact, such a process is the only safe course to follow, as setting unreachable goals leads to failure and frustration ... The minority student needs to be made aware of his opportunities so that he can see that graduate study is available to him and within his reasonable expectations."[9]

The unemployment rates for Black college graduates during 1974 and 1975 were consistently higher than those for white college graduates:[13]

| | 1974 | | 1975 | |
|---|---|---|---|---|
| | Black | White | Black | White |
| Male | 4.1% | 2.3% | 3.9% | 2.4% |
| Female | 2.5% | 1.6% | 4.1% | 3.6% |

So the task of stimulating academically bright, young Black students to enroll in professional schools and graduate education in far greater numbers continues to plague us. Between 1970 and 1974 Blacks have consistently shown a positive increase in percentage of change in the population of groups from ages 16 to 34 relative to college enrollment. In fact, the overall percent of change for Blacks over this four-year period was +35, yet only +0.7 for whites.

The greatest change for Blacks was reflected between the ages of 25-29 (+118%) and 30-34 (+142%).[14] The results seem to indicate that Blacks of a more mature age are showing an increasing interest in post-secondary and graduate education despite the employment picture in America. Regretfully, the dropout rate for Black students was higher in 1974 than for white students. In fact, 47% Black males (61% white males) remained as seniors in 1974; 35% Black females (52% white females).[3]

Desegregation in higher education appears not to contribute either to the improved retention rate of Black college students nor to increasing the enrollment of Black students in professional schools or graduate education. The 28 Black graduate schools in this country, four of which offer doctorate degrees (Howard University, Atlanta University, Meharry Medical College, Texas Southern University), awarded 5,545 master's degrees and 43 doctorates in 1973 - 5.7% of the 760 doctorates earned by Black United States citizens.[2] Black graduate schools are requesting increased federal and state support in order to continue to provide the culturally enriched services which they have offered historically. The Conference of Deans of Black Graduate Schools rightfully and forcefully purport that the Black graduate schools must be recognized as "vehicles for achieving national educational goals that have been deemed valid. This requires the tremendous power and prestige of the national government." Of course, resources too. The Conference of Deans further states that the job of "providing the nation with a pool of highly trained minority personnel has not been done and probably will not be done through the instrumentality of majority institutions."[2]

Toward what field of specialization, then, should Black graduate students aspire? A prognosis would indicate that the majority of graduate degrees for Blacks is in education. In fact, 60% of all graduate degrees awarded in 1973 by Black institutions were in education. It is imperative for Black graduate students to "broaden the scope of their curricular" and professional-seeking choices in conjunction with the preparation of Black school educators who will be a force for social change in the community.[2] Funding and placing more postgraduate programs on Black college and university campuses is but one tool for enhancing the Black population beyond the bachelor's degree. Moreover, supplementing the basic operating budget of Black institutions to include gifts, endowments, and additional funds would prove to entice more Black students to envision the attainment of a master's or doctoral degree as being a "realistic goal."

Council on Education, Social Science Research Council, American Council of Learned Societies, National Research Council), has acknowledged that the constitutionality of some higher education programs designed specifically for members of "minority groups" has been challenged on the grounds that they constitute "reverse discrimination." Nevertheless, the National Board on Graduate Education claims that such programs should be developed and maintained until the enrollment of members of "minority groups," as Blacks, becomes a "self-sustaining process."[11] It is common knowledge that current efforts to recruit and maintain Blacks throughout graduate studies are insufficient and fragmented. While the power structure continues to argue the legality and feasibility of programs for Black graduate students, the proliferation of goals for Black people aspiring for graduate education dissipate

Blacks must vigorously encourage federal grants for the provision of student aid, tuition, research, evaluation, and support services for Black graduate students. It is in the best interest of the survival of Black people to develop underutilized Black talent, skills, and minds in areas of business, management, natural resources, agriculture, biological sciences, engineering, computer sciences, environmental design, health professions, law, fine arts, social sciences, media arts. The University of California has earmarked $585,000 to underwrite the Outreach Program in an effort to attract more "minority group students" by visiting schools with large "minority enrollments" and by making earlier commitments of financial aid to qualifying students.[10] This is an example of what could be done at the state level to insure a proportionate number of Black students in graduate education and professional programs.

... The Danforth Foundation trustees "have directed that at least 25 of its approximately 100 annual graduate fellowships be awarded to minority students, beginning during the 1977-78 academic year".[4] The trustees also plan to utilize any excess fellowship funds to recruit "minority students" for graduate education.

... The Moton Center for Independent Studies, a new research center designed specifically for the graduate education (post-doctoral) of faculty members from predominantly Black colleges, provides seminars and training opportunities for twenty persons via the Atlanta University Center as the academic sponsor. The Moton Center, operating from the University City Science Center in Philadelphia, plans to offer scholars on minority campuses opportunities to enter into research problems incident to the Black experience in America. Participating scholars must be committed to returning to their predominantly Black campuses after a year of study. Initially, the Center is emphasizing research in the social sciences and the humanities, particularly studies related to contemporary problems indigenous to minority communities.[1]

... The National Fellowships Fund of the Council of Southern Universities provides graduate fellowships for Black students who aspire for careers in higher education at the doctoral level. Such fields include basic biological and physical sciences, humanities, and the basic social sciences.[7]

... The Southern Fellowships Fund of the Council of Southern Universities provides a cadre of college faculty members, particularly Black talent for American institutions. Applicants must be committed to continuing careers in Black colleges.[12]

Many Black students who have the knowledge, the expertise, and the academic skills to function productively in graduate programs are denied entrance because of minimal monetary resources and inadequate knowledge of available materials. Therefore, it is incumbent upon the nation's colleges and universities to publicize available resources and to solicit and encourage the acquisition of them by Black students. It is equally significant that Black youth be inspired to pursue degrees in areas where there does not exist an abundancy of Black expertise.[5] Institutions of higher learning must offer both entrance and existing resources - human, scholastic, and pecuniary - so that the Black youth can continue their pursuits and not be altered in the process. Knowledge of scholarships, assistantships - graduate and teaching - must be placed in areas where Black students can readily become cognizant of each and can fulfill their career plans toward academic excellence.

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Black-Faculty Research: Moton Institute plans advanced-study center. Chronicle, May 5, 1975, p. 14.

Black graduate schools call for more support. Chronicle, May 10, 1976, p. 8.

College drop-out rate. Chronicle, December 15, 1975, p. 4.

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# Self-Disclosure: A Vital Counseling Technique

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Born in North Carolina, reared in the mountains of Virginia, Frederick H. Paschal returned to North Carolina to attend Durham High School. Following high school, he accepted a football scholarship at Asheville-Biltmore College, now the University of North Carolina at Asheville. His education was interrupted by a call to military duty. Fred served in southern France with the U.S. Army Signal Corps. Following military duty, he entered the University of North Carolina at Chapel Hill where he took an A.B. degree in history. During his senior year, he married the former Lyn Escott. They now have two children, Jeff and Karen.

Fred entered the teaching profession in 1960. At first his interests lay in French and English. While in college he worked at a psychiatic hospital. Having been encouraged to pursue a career in mental health by two interested doctors, Fred entered graduate school at the University of North Carolina to take a masters degree in counseling and guidance. He subsequently served eight years in the public schools of North Carolina as counselor and as guidance director.

In 1968, he asked to direct the admissions and financial aid programs at Limestone College. After two years, the lure of the classroom prevailed. He was appointed associate professor of education and psychology in 1970. Although at the time of this writing, he is serving residency at the University of South Carolina.

in pursuit of the Doctor of Philosophy degree in Counselor Education, he plans to return to the faculty at Limestone College. On returning, he will serve in a dual capacity of professor and director of the college counseling center.

Among his hobbies are reading, sword collecting, and archaeology. Having coached while in the public schools, he is an ardent fan of professional football.

Anyone wishing to contact him may find him at the nearest coffee pot at Limestone College, Gaffney, South Carolina 29340.

## Self-Disclosure: A Vital Counseling Technique

Pick up the gauntlet, it's there if you dare.
Take up the challenge to see if you care.
Open your heart: your self lies inside.
Look into your soul; there's no place to hide.

At a time when counseling is laboring in the throes of professional emergence, it would appear that the authorities responsible for the continuting education of counselors have overlooked a technique which appears invaluable in a helping relationship. A five-year review of four journals which are conventionally accepted as being primary sources for the continuing professional growth of counselors yielded only three studies pertaining to self-disclosure. It appears that this constitutes an egregious oversight which demands immediate rectification.

Self-disclosure is the sine qua non of the counseling process. The fact that self-disclosure leads to self-discovery is axiomatic in the helping professions. The idea is not new. Jourard (1964) reaches into antiquity for his rephrase of the Delphic Oracle. Instead of, "Know thyself," Jourard says, "Make thyself known." The time is propitious for innovation. Having failed to identify the personality characteristics most desirable in a counselor, perhaps we can be more successful in delineating the skills and techniques that he can employ.

As a prelude, it seems timely at this juncture to describe the theoretical orientation of this writer. In a brief but provocative article, Truax (1971) nicely summarizes my position. He asserts that self-disclosure by the client is directly related to the establishment of accurate empathy, non-possessive warmth, and genuineness on the part of the counselor. He further states that there is strong evidence to support a causal relationship between the level of empathy, warmth and genuineness and the degree of self-disclosure by the client. He underscores his belief that self-disclosure is a necessary condition for the development of congruence. From my personal observations, I emphatically conclude that self-disclosure is vital to the counseling process. In the presence of a warm, accepting person, self-discovery leads to self-acceptance. When one reaches this point, he becomes free to strive and to grow.

The research pertaining to self-disclosure is multifaceted. For this reason, the data will be grouped into somewhat arbitrary categories to facilitate presentation. It is believed that the topic headings will be adequate for the reader to discern information of interest to him.

## Counseling Readiness

If one were to canvas workers in the behavioral sciences, one could undoubtedly find one point of agreement. Far too many clients leave treatment prematurely. The emphasis of this section will be to explore techniques to expedite the counseling process and to retain clients to a fruitful termination.

Purely from the vantage point of an operational definition, counseling readiness is herein defined as "the willingness to self-disclose." The obvious question then becomes, "Can self-disclosure be facilitated?" Spiritas and Holmes (1971) exposed clients to three approaches, a video model, an audio model and a control group which received no model. The models were designed to illustrate appropriate behavior in a counseling interview. After being exposed to the models, subjects were then interviewed. The video model proved most effective in eliciting self-disclosures. Degree of revealingness and duration of disclosures were significantly affected by exposure to the models. In a comparable study, Stone and Gotlib (1975) found similar results. They found that instruction and modeling, in combination or used singly, increased the willingness to self-disclose.

Doster and Slaymaker (1972) found that individuals who are averse to uncertain or novel situations appear prone to viewing therapy as a particularly threatening experience. This team found that structuring by the counselor could initially increase the success of such clients. In a study concerned with defensiveness and anxiety, Doster (1975) provided role induction experiences for subjects having variable degrees of defensiveness and anxiety. High defensive-low anxious and high defensive-high anxious subjects manifested considerable difficulty in assimilating role expectations. Helbrun (1973) explored and rejected the hypothesis that girls most likely to terminate prematurely are those who have particular difficulty in self-disclosing, especially to males. In a second study, he found that girls who are more likely to prematurely terminate are higher disclosers to males. It is believed that this type of disclosure has a cathartic

effect. Once the pressure is released, the subjects terminate counseling Baldwin (1974) attempted to assess the effects of defensiveness on expectations for psychotherapy. He found repressors much more willing to self-disclose during the first four hours of therapy than sensitizers. The repressors expected more structured activity and were less spontaneous. They rated themselves as being less likely to enter psychotherapy in the future.

## One-to-one Relationships

Jourard and Jaffe (1970) investigated the effects of the interviewer's self-disclosures on the subject's self-disclosing behavior. They found a significant relationship. When the experimenter's disclosures were brief, the subject's were brief: longer durations by the experimenter produced longer durations in the subjects. The interviewer's modeling behavior caused the subjects to reveal more than they had indicated that they would prior to the interview. Bloch and Goldstein (1971) concur with the concept of reciprocity in self-disclosure, but they assert that Jourard and Jaffe over-generalize their findings. Paynard (1973) gives consensual validation to the Jourard Self-Disclosure Questionaire. In a study using twenty-four pairs of friends, he corroborates the reciprocity of mutual self-disclosures. Panyard concludes that the JSDQ is a valid measure when used for a specific target person.

Brooks (1974) investigated the effects of sex and status on self-disclosure. She found that males disclosed more to females, and that females disclosed more to males. More disclosures took place in dyads containing a female. Males disclosed more to high staus interviewers, while females revealed more to low status interviewers. High status male interviewers elicited more disclosures from all subjects. Johson and Noonan (1972) found that counselors can build trust and liking through reciprocation of revealing self-disclosures. Wright (1975) found that the less dogmatic a counselor would be in a given session, the more psychological insight would be gained by the client. Similarily, Roth and Kuiken (1975) studied the effects of immediacy and cognitive compatibility on self-disclosures. They found that the client responded immediately when the experimenter responded with immediacy. When the experimenter's responses were complex, the subject's were complex; when the experimenter

responded conceptually in simple terms, the subject's responses were simple.

Mann and Murphy (1975) explored the effects of timing of self-disclosures, reciprocity of self-disclosures, and a reaction to an initial interview. The timing of the interviewer's disclosures had no significant effect. An intermediate number of disclosures led to the interviewer's being percieved as emphatic, warm, and congruent. Being so percieved led to more positive action toward the interviewer in the initial session. Woodyard and Hines (1973) discovered that subjects disclosed accurate and inaccurate information to the same person. They found that males tended to disclose more to casual friends than did females. Females disclosed more to specific target persons such as parents and closest friends. Males disclosed to a wider range of persons.

## Group Relationships

Research in the area of group leader self-disclosure is mixed and somewhat contradictory. For example, May and Thompson (1973) found that the perception of group leaders' self-disclosures, mental health, and helpfulness were all positively correlated when ranked by group members. In a comparable study by Weigel and Dinges (1972), the relationship of the therapist's self-disclosures to mental health was negatively correlated when ranked by group members. Dies (1973) found temporal factor bearing on this apparent contradiction. He found that clients who had been in group therapy longer looked more favorably on the therapist's self-disclosures. He also found that self-revealing therapists were regarded as being more friendly, more disclosing and more trusting. Clients also found these therapists to be more intimate, more helpful, and more facilitating. At the same time, however, these same therapists were regarded as less strong, less stable, and less sensitive when judged by group members. In another study, Conyne (1974) explored the effects of facilitator-directed groups as opposed to self-directed groups. Congruency and disclosure were assessed in both groups. No significant difference was found between the two groups. Increased self-congruency and self-disclosure levels were registered in both groups. Ribner (1974) explored the effects of the explicit contract on the development of self-disclosure and group cohesion. He found that the contract served to significantly increase both the frequency and

the depth of self-disclosure. The contract did not have an effect on the intimacy of the topics discussed. The contract significantly enhanced the cohesiveness of the group.

## Miscellaneous

The studies to be treated in this section are too valuable to ignore, but are only tangentially related to other studies that have been cited. They are germane to the total spectrum that counseling embraces.

Littlefield (1971) investigated the disclosure patterns of ninth graders. He found that females disclosed more than males. When divided according to race, whites disclosed most. Mexican-American males disclosed least with Blacks falling between. William (1974) explored the hypothesis that Black college students would disclose more and learn to trust minimally trained peer counselors more than they would disclose and trust professionally trained white counselors. His hypothesis was rejected. Black students learned to disclose and to trust white counselors. In a refreshing change of pace, Myrick and Moni (1972) offer an alternative to formalized self-disclosure training. In short, this entails creating a flag by using symbols that are meaningful to the child. The child then explains the meaning of his symbols to the class. In essence, this provides a relatively innocuous way for a child to disclose himself.

## Implications

The studies presented in this brief paper are far from comprehensive. It is the opinion of this writer, however, that they provide an incontrovertible evidential basis for demonstrating the efficacy of self-disclosure. Self-disclosure is too valuable a technique to be ignored by counselors or by counselor educators. The technique can be easily taught and readily implemented. Additional study in the area is undoubtedly needed. Our clients need help now. We cannot afford the luxury of waiting until the final word is pronounced. The time is now. There is no place to hide.

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# Organization Development of Community Systems:
# A Conceptual Model for Counselor Education

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## Organization Development of Community Systems: A Conceptual Model for Counselor Education

This paper is an attempt to discuss some of the problems of various disciplines and community systems as they try to deal with each other and with their various client-student populations. Because of the functional overlap of groups and institutions, a need has been felt for creating methods, to coordinate the resources of groups in a way that would be mutually enhancing.

Toffler (1971) stated that we must meet invention with invention; we must design new personal and social change regulators. We must anticipate change. For the most part, educational systems continute with the lockstep groupings and factory whistle-classroom bells. Community mental health, still in its toddler stage, functions in the mode of the medical model by "curing" the social casualties afer they occur while ignoring institutional, group, and individual collisions which create the casualties. The mission of the consultation and education service of community mental health was designed to meet these sorts of community needs.

Schools have the need to change; mental health centers have the person power to help systems change. Industry has the experience with change. There must surely be a way to speak to the needs created by these problems and to pool the resources for the benefit of all.

Toffler (1971) stated that schools face backward to a dying system. According to Schein and Bennis (1967), industry is now directing its attention to the question of how we can do our job more effectively; what barriers are preventing more effective job performance. The industrialists are discovering that the answers to these questions relate to the ways in which people interact, the roles they play in their work groups, and the ways in which groups interface in competition and/or collaboration. Industry is thus demonstrating what Toffler (1971) predicted: people need training for role versatility, and that systems need to re-organize for dispersal, decentralization, and a break-up of the rigid system of scheduling and grouping. He called for a systematic approach to the whole problem of change. Along with industry, schools and community mental health centers must re-program themselves to this practice.

A few creative thinkers are trying to move us toward these kinds of alternatives by suggesting we must find better means for human communication and collaboration (Schein & Bennis, 1967). We must search for new roles in the disciplines to speak to societies' needs (Morgan, 1974). We must find new ways for subsystems to work together (jung, Fox, & Lippitt, 1967) and new ways for disparate systems to pool their resources (Miles, 1967).

There are no roles defined as responsible for linking the efforts of socialization agencies to each other (Lippitt, 1967). There is a need for interaction and continuous effort at goal clarification among helping professions (Jung et al, 1967). Malcolm (1974) called for educational programs which involve many helping professions and educators helping each other. Schein (1970) suggested role innovation, inventing new ways to do a job.

Industry copes with these problems by using teams of change agents, who are behavioral scientists using laboratory theory to improve organizations (Schein & Bennis, 1967). But change agent roles seem to be underdeveloped in schools (Miles, 1967).

Miles (1967) described a possible road map of system linkage, which would involve vertical linkage to systems above and below the target system and horizontal linkage to other systems (institutions) with overlapping missions and goals. Lippitt (1967) drew attention to the barriers involved in linkage, such as lack of dialogue between or among segments of the socialization community. Jung et al (1967) described an interesting project in Michigan which involved university based professionals and local school systems collaborating on a change project. Blake and Mouton (1967) described an approach to organization improvement, which has a primary goal of change in the patterns of personal relationships in organizations so that more effective problem solving and greater production efforts can occur.

Jung et al (1967) drew our attention to industry as a model for change when he said that organization development in industry implies that study of similiar variables of change in school system organization would be worthwhile. A university-industry consortium might be feasible (Emener & Rye, 1975). The theory of institutions changing institutions might be an effective approach for change programs and might encourage collaborative problem solving among institutions. Malcolm (1974), also, argues that pooling and integrating professional resources might provide a better use of funds. This would also supply the internal change agents with external professional support which could help each agency and institution to influence in return.

The above concepts might suggest that, for the helping institutions, collaboration might be more effective than competition in arriving at mutually established goals. It would also tend to support the efficacy and feasibility for a group of community institutions to work toward greater collaborative efforts, each having a stake in the success of the other.

Schools, industry, universities, and community mental health, in order to fill their several missions, all need to become proactive,

rather than reactive to situations requiring change. If these agencies could find a way to permeate each other's boundaries, a mutually enhancing alliance would surely result.

A project directed to the above described problems could be established, using laboratory education and organization development in schools and community mental health centers.

Golembiewski and Blumberg (1970) described this method of change as a powerful means of helping to free individuals and organizations to become more of what and how they wish to be by unshackling their stereotypic patterns of behavior. Organization development contributes, thereby, toward the search for more effective ways and processess of interacting and solving problems. These learning laboratories give mechanisms for dealing with change in organizations and train for the establishment of self renewal mechanisms for coping with subsequent change (Schein & Bennis, 1967).

The one missing element for a successful program of this sort would be the trained change agents. Below is described a change program for community systems and an educational program for counselor educators to function as a network of community change agents.

## The Program

Because organizations need a way of looking at how they function in terms of how decisions are made, where the choice points are, when conflict occurs, how it is resolved, a role must be created in each setting to facilitate the monitoring of organizational functions. This means, for the school system, a person with helping skills who has the time, training, and necessary experience for working with groups of people. For community mental health centers, it means reassigning some of the staff to full time work in the consultation and education service.

The author suggests the school counselor would be the most appropriate person wihtin the school system to function in the role of internal OD consultant. While already trained in theory and practice of helping others, counselors could more readily assimilate the additional skills needed as OD consultants in the schools.

Because at least 50% of the consultation in most mental health centers takes place with the public schools, the consultation and education service should be heavily staffed with counselor educators, professionals who have some knowledge of the internal workings of educational institutions and also experience in counseling with groups. Thus the counselor educator's role in the community mental health center (CMHC) would involve functioning as both internal OD consultant in the CMHC and external consultant to the school counselors.

Two types of consutants from other systems would also be greatly useful to a program of this sort. If local industry has an OD section in their personnel department, then the assistance of these people could be contracted periodically for training in OD methods and skills. From nearby universities, the education, business, and psychology faculty could also be periodically contracted to provide input on research, theory and ideas about new programs. In addition, the university computers might be contracted to handle the OD program data invoving pure research, action research and fiscal planning.

The consultation and education service of the CMHC might be designated as the coordinating group for the total program, primarily beacuse of the presence of a multi-disciplined staff, whose roles place them in the best linking position for all the various community agencies and institutions. Counselor educators would be designated as coordinators of the CMHC's consultation and education service because their training bridges the gap between other disciplines: education, clinical psychology, social work, psychiatry, and business personnel. Counselor education borrows eclectically from the theory and practice of these helping disciplines, thus becoming a disciplinary linking pin.

The advantage to all becomes readily apparent: schools profit in that they achieve an internal OD role to help with planning for change. The school counselor profits by recieving training in new skills which help him achieve greater effectiveness. The mental health center profits through the presence of counselor educators on the staff who are more orientated and focused toward therapy in the growth model. In addition, these counselor educators would coordinate the internal OD programs, teach community outreach skills in the form of process consultation to the CMHC staff and train school counselors for group work. Universities profit by achieving a population for faculty research, thus furthering the field of knowledge. Closer university alignment with the applied helping fields would bring research endeavors more in to focus with more immediate needs. Industry profits by having input into systems which directly affect the quality of the worker now and in the future, thus increasing profits on a short term and long range basis.

## Role Training

Most school counselors complain about the limited number of students they are able to reach in individual counseling. The staff of the CMHC consultation and education service could work part-time in the schools to help alleviate this problem by conducting in-service training programs in group counseling. This would prepare the presently employed school counselors with the necessary group skills to be ready to learn the internal consultant role for organization development which could later take place either through university courses or in-service training, coordinated again by counselor

educators from the CMHC.

Where does the counselor educator learn his skills in organization development? The OD filed is new and almost to the point of developing into a discipline of its own. There are few universities who educate professionals specifically for the role of OD consultant. Therefore, two routes might be delineated for this training: for those counselor educators already possessing the Ph.D. degree, the Learning Community at National Training Laboratories would offer the necessary professional and personal growth experiences to function as an OD consultant. For those counselor educators presently in training, a doctoral program at the university might be devised, involving only a slight "re-tooling" of the already established curriculum.

The theory courses would need to include required courses in group dynamics and group development, training theory of t-groups and organization development, and advanced psycho-social growth and development. The techniques courses, in addition to the usual requirements, could include techniques of laboratory design and trainer skills, process consultation and negotiation skills, techniques of supervision, and techniques of group and family counseling.

Because the consultant role is a difficult task, requiring the utmost maturity, the practicum experience could start during the first years of doctoral training with basic and advanced human interaction laboratories directed to the personal growth of the doctoral candidates. These could be taken either at NTL for course credit or at the University Counseling Bureau. Practicum experience as a co-trainer in a basic human interaction laboratory would be the next practicum step, followed by practicum experience as a co-trainer in a management work. conference. The research training would involve the usual courses for doctoral students at the university.

Although complex, the training and operations program described in this paper seems possible. It involves a new focus of looking at problems in segments of society in such a way that solutions to the problem in one segment provide solutions to the problems in another segment. As it stands now, no one agency-institution can entirely resolve its own problems without the collaborative efforts and resources of other agency-institutions. Therefore, interdependency linkages must be devised. The author, on the basis of the literature, has suggested one way this might be accomplished.

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# Children's Rights and the Counselor

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Joe Rotter is an Associate Professor in Counselor Education at the University of South Carolina. Dr. Rotter's interest in children's rights stems from a lengthy experience in working with children as a counselor in elementary schools and counselor education. As guest editor of a special issue of Elementary School Guidance and Counseling, he brought together a number of prominent authors in the field to address the issue of children's rights. He has co-authored a model for processing human development concerns stressing the home, school, religion, and government. Dr. Rotter has a lengthy resume' of consulting experiences and services to the field through presentations at professional organizations in the State of South Carolina and nationally. His leadership skills are apparent through his efforts as Director of the General Electric Foundation Summer Institute on Career Education and Guidance for the past four years. He recently co-authored a book entitled, Values Orientation in Schools.

## Children's Rights and the Counselor

> "Why don't we just attach the Brainpusher to the kid's ears, and let them learn everything that way?"
>
> "Oh, you must be joking," laughed the instructor. "If we did that, all the youngsters would know everything that the grown-ups do, and we'd have a terrible time bossing them around. We have enough trouble as it is, controlling the little-um-Moonsters, without making them our intellectual equals. Right?"
>
> "I guess so," Maria agreed halfheartedly.
>
> by Jerome Beatty, Jr.
> in Matthew Looney in the Outback

This quotation from a popular children's science fiction novel suggests not only a lack of trust in the little people around us but also implies a definite insecurity in adulthood. From little acorns do big oaks grow. Bear with me as I paraphrase this frequented saying in making the point that adults treat children the way they do because they were never given the opportunity to be children themselves. Other profundities such as, "We tend to teach as we were taught," or, "Parents parent as they were parented, lead to the point that "most adults treat children as they were treated as children." We as adults give lip service so often to civilized child rearing practices, but when push-comes-to-shove and our backs are against the wall, the barbarous past in us emerges. The victims are of course the innocent, the young, the helpless; those who are at our mercy, thus, the perpetuation of the evils of child abuse and missuse.

As the ad says. "over 50,000 customers can't be wrong," so it is with 1,000,000 battered children annually in this country. Something is wrong when 50,000 die each year from abuse. As distasteful as it sounds, maybe the 50,000 are the fortunate. Those who physically survive the abuse die a little every day of their lives through the agony of unpleasent memories, the irreparable damage of malnutrition, or the stifing effect of a loss of limb or organ.

In this country where technology has sent a rocket ship to Mars, neatly compacted our trash, and transfers organs, is it not a sad fact that we have better laws to protect dogs and cats than children? Norman Cousins (1974) writes:

> ...Nothing about human life is more precious than that we can define our own purpose and shape our own destiny.
>
> We justify the gift of life in many ways--by our awareness of its preciousness and its fragility; by developing to the fullest the sensitivities and potentialities that come with life; by putting the whole of our intelligence to work in sustaining and enhancing the conditions that make life possible; by cherishing the human habitat and shielding it from devastation and depletion; by removing the obstructions in our access to, and trust in, one another.
>
> The celebration of life is the most natural business on earth.

It wasn't until 1967 that we granted children personhood under the 14th Amendment to the U. S. Constitution when we bestowed upon them the precious liberty of due process. As legally binding as this may be it still remains to be overlooked in many situations. How much due process really takes place when a child is accused of a wrongdoing? Not much indeed! "But," you say, "this is only a child. What does he/she know?" She or he knows when he/she is abused. As our now Vice-President Elect Walter Mondale says:

> The basic rationale for depriving people of rights in a dependency relationship is that certain individuals are incapable or undeserving of the right to take care of themselves and consequently need social institutions specifically designed to safeguard their position. The relative powerlessness of children makes them uniquely vulnerable to this rationale. No other group is so totally dependent for its well-being on choices made by others (except the institutionalized).
>
> If all adult rights were granted to children and were strictly enforced, this would not guarantee that certain critical needs unique to children would be met. "Need Manifestos" proclaim the rights of children to adequate nutrition, a healthy environment, continuous loving care, sympathetic community, intellectual and emotional stimulation and other prerequisites for healthy adulthood.

We in the counseling profession have a special need to be interested in the welfare of children unless we wish to perpetuate a clientele for our kind for generations to come. What we know about human development and behaviour behooves us to concentrate our efforts on working with and for children. Remediation was fine when we knew nothing about or chose to ignore development and prevention. Be mindful of your role as counselor as your "adultness" traps you into manipulating the little ones.

A multiplicity of child abuse incidents could be cited here ranging from verbal put-downs to murder, and the reader could probably enumerate on equal or more gross situations to the point that it becomes a game of one-upsmanship. We all recognize the inequities; it is time to take the appropriate next step, and that is to give children the respect that we demand as adults. If we can allow for this one concession, then just as Copernicus discovered that the Earth was not the hub of the universe, so do children, if given the chance, discover that they are only a part of a larger whole.

Lawrence Kohlberg (1971) identifies six stages of moral development ranging from actions out of fear through conformity to order to mutual respect and trust. Some adults never advance beyond stage one.

Our children are only asking us to consider the following:

> Don't judge me by the color of my skin, the clothes that I wear, or my reputation. Underneath it all I am a human being.
>
> Don't make me feel that my mistakes are sins. It confuses my sense of values.
>
> Don't force me into failure. My ego is fragile and too many failures will incapacitate me and inoculate me against subsequent success.
>
> Don't lose your temper frequently. I need your rationality.
>
> Don't fail yourself. I need your good feelings about yourself as an adult to reinforce my good feelings about myself as a child.
>
> Don't ever suggest that you are perfect or infallible. My past experiences have verified my impression that no one is perfect.
>
> Don't forget I am not like any other child you have ever met. If you recognize me as an individual - treat me as a human; I will trust you as a caring person.
>
> Don't ever think it is beneath your dignity or demeaning to apologize to me. A sincere, direct apology raises my opinion of you.

Remember Eleanor Rigby, "All the lonely people, where do they all come from?" What an absurd question. Of course, they all come from

being children. As the now famous quote from Pogo suggests, "We have met the enemy and he is us." Let us at last begin to accept children as fellow human beings.

> In the little world in which children have their existence, whosoever brings them up, there is nothing so finely perceived and so finely felt, as injustice.
>
> Charles Dickens, Great Expectations

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# Attitudes Toward the Blind:
# Implications for Rehabilitation

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## Attitudes Toward the Blind: Implications for Rehabilitation

Some of the greatest obstacles that must be overcome by the blind individual are the attitudes toward the blind which are held by the general population. If the individual is to live any semblance of a normal life he must learn to effectively deal with these attitudes and the resulting actions. The personal, social, educational and vocational adjustment areas of the blind individual's life are affected by these prevailing societal attitudes and must be dealt with if the individual is to function at his maximum capacity.

The purpose of this paper is to identify some of the attitudes which currently exist, explore their derivation, investigate their impact on self concept, and offer suggestions for rehabilitation programs which effectively deal with the blind individual's problem of adjustment to society.

A review of related literature concerning the derivations of current attitudes toward the blind indicated a number of contributing factors which are seen as important. Beatrice Wright (1960) stated that blindness is often viewed as a symbol of punishment which comes from the ancient Hebrew civilization and has been passed on to modern civilizations through religious interpretations of the Bible. Monbeck (1973) concurred with the idea of blindness as a symbol of punishment and also noted that inflicting blindness was one of the methods of punishment which was used for many generations.

Another contributing factor which is felt to be related to current attitudes toward blindness is the blind person's fear of being suspected of having a social disease (Wright, 1960). Due to the possibility of an association of blindness with venereal disease it is felt that blindness is punishment for sexual transgressions. The fear reaction that others may think the blindness is caused by venereal disease is produced even if venereal disease is decidedly not the cause of the blindness (Monbeck, 1973). The absence of vision is also thought to be a connotation of impotence (Schauer, 1951).

The impact of the cultural heritage on many of the prevailing attitudes was discussed by Herbert Rusalem (1972) who listed four additional major phenomena of American life which contribute greatly to present attitudes. He indicated that as a result of the limited contact the general population has with the blind, they are unfamiliar with what is appropriate behavior. The anxiety which is felt in the interpersonal contact with the blind may precipitate an avoidance reaction which in turn reduces the probability of further meaningful encounters.

Other factors contributing to the anxiety felt in the presence of a blind individual are thought to be the unconscious mechanisms which are related to vision. In response to guilt about having peeped at forbidden sights, virtually everyone has repressed some

feelings about vision. These anxieties are aroused by contact with the blind. It has been stated that contact with the blind may unconsciously activate the sighted persons castration fear because of the dominant role of vision in the sexual response (Braveman, 1951).

It was also stated that blindness has acquired negative connotations because of the high value placed on social and economic independence by the American society. Even though few Americans could survive on their own the notion of the self-sustaining individual persists. Since the blind do require more assistance they are seen as immature, childish or incapable of managing for themselves.

One of the most important roots of current attitudes toward the blind involves self-perpetuating reactions. Since the environment is perceived selectively, people tend to admit evidence that is in agreement with current beliefs and to exclude evidence that disagrees with these beliefs. Thus these attitudes shape subsequent experiences in the mold of the existing perceptual structure and provide verification for the attitudes held (Rusalem, 1972).

It has been said that the attitude of others is an important aspect in determining the behavior of the blind individual. The blind individual's self-concept is largely determined from the reactions and attitudes that others express toward him and his awareness of these reactions and attitudes (Rossi & Marrotta, 1974). Thus a circular response pattern is formed which can begin with any of its component parts. The attitudes held by the sighted lead to the specific behavior directed toward the blind. From thse behavioral cues the blind person's self-image is formed. This self-image is in large measure a reflection of the perceptions of the individuals in his social enviornment. From this self-concept the individual will respond to his social environment and these responses will in turn have an effect on the attitudes of those who come into contact with him (Baker, 1973).

Possibly the most harmful attitude currently held is that blind people are very much limited in what they can do. Beatrice Wright (1974) stated that there is a tendency for individuals to spread the properties of a single characteristic to other unknown characteristics. By the use of this spread phenomenon the blind are seen not only as being visually limited but as being limited in other areas of their life.

Another important aspect which must be considered is the exaggeration of incapacity which stems from the vantage point of the sighted population. At best the sighted individual suffers from what can be called "catastrophic imaginings" when he tries to put himself in the blind person's place. He does not have an appreciation for the adjustments that have been made by the blind individual but sees only the limitations that are imposed. Those attitudes which emphasize the various kinds and degrees of loss produce effects which are largely negative and destructive to the acceptance

and self-realization of the blind individual. Even the idea of sensory compensation is a negative attribute since it attributes characteristics to the blind which set them aside from the sighted (Monbeck, 1973).

Although blindness may be viewed by the general public as a simple phenomenon it is a complex experience with ramifications on the physiological, the personal and the social level of adjustment. These levels may be understood as steps moving from the physical and anatomical aspects to a description of blindness in terms of its social patterns and structures (Connor & Muldoon, 1973).

The physiological level must deal with the specific physiological causes for the blindness and the implications they may have for the individual. It is here that much can be done to alleviate the stigma which may be attached to blindness. If the individual and his family receive appropriate information concerning the causes of the blindness, much can be done to dispel the notion that the blindness is the result of sexual transgression or is some type of just punishment. If this is provided, the adjustment of the family and the individual to the blindness will be made more easily and completely.

Blindness is a personal experience and its implications for the personal adjustment of an individual are great. The inability of the person to perceive himself and the outside world through the medium of sight may leave gaps in the development of the personality which will threaten his entire source of well-being (Kaplan & Kaplan, 1974).

Blindness is also a social phenomenon which significantly changes the social structure of a group due to the altered patterns of mobility, communications, information collection, physical expression and psychological functioning. In order to successfully cope with the problems faced by the blind a rehabilitation program must deal with these altered patterns. Since mobility is an important adjunct in meeting problems such as employment, the development of a sense of social adequacy and personal adjustment, it is important that the blind individual develop communication and information-gathering skills in order to continuously check and evaluate the data that he collects.

Investigation of the current practices used in the rehabilitation programs for the blind indicates that emphasis is being placed on the use of psychological testing, group processes, education of the public, and successful placement of the blind in employment.

A number of investigations have been made in an attempt to identify psychological tests which may have some predictive validity when used with the blind. Clyde R. Smith (1972) used the Tennessee Self Concept Scale in an attempt to identify traits which may interfere with successful rehabilitation. His study indicated that the non-successful blind clients had poor psychological defenses, confused and conflicted self-perceptions,

low self esteem, inconsistent self-concepts and increased maladjustment tendencies.

A striking relationship was identified between the percent correct responses to the Wechsler Adult Intelligence Scale (verbal) and the personality scales of the Minnesota Multiphasic Peronality Inventory and the California Psychological Inventory. Blind individuals who had performed better at the auditory tasks of the Wechsler Adult Intelligence Scale also gave indications of more adequate emotional and interpersonal adjustment (De I Aune, Needham, Scheel, & Lerner, 1974).

According to Wilson (1970), one of the most effective methods used to prepare the blind for successful employment is group therapy. He stated that the group therapy situation allows the client to work through the many problems associated with blindness and also allows him to modify his attitudes and feelings within the structure of the group. Perhaps the most important by-product of the group therapy situation was the transfer of new behavior patterns to less structured situations in the larger society.

It is apparent that there are many factors which contribute to the problems faced by the blind. Not only do they have to fight the fear and superstition of the past, but they must also adjust to a world in which vision is the predominant sense. Even though they are handicapped by a lack of vision, they can lead relatively normal lives if given the opportunity to learn the compensatory skills that are necessary for adequate functioning. With proper mobility taining, information collection and communication skills, the blind can function as productive members of society.

The implications of this paper for the future of rehabilitation programs for the blind appear to be two-fold. First, there is a desperate need for more public educational programs concerning the needs of the blind. This should not simply be a public relations campaign but should include rehabilitation facilities that offer more evaluation and training programs which are community based. From this increased exposure to the blind, the general population would feel more at ease and would be more accepting of the blind individuals in non-stereotyped jobs.

There should also be a greater emphasis in current rehabilitation programs on the identification of the needs of the individual blind person. From this evaluation an individual program could be arranged which would assist the individual in coping with his blindness. It would also assist him in the development of a positive self-image which would allow for greater social adjustment and a more productive employment capacity.

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Current Group Methods Used in Geriatric Institutions

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## Current Group Methods Used in Geriatric Institutions

In our modern society, with its increase in technological and medical advances, there has been an increase in the life expectancy of man. With this increase in life expectancy there has also been an increase in the physical and mental side effects of aging which has caused the geriatric patient to be placed in private and public institutional settings, such as old age homes, nursing homes, day care centers, and mental hospitals. Generally, a geriatric patient is considered to be over the age of 65, but this age is an arbitrary one and in many geriatric institutions the age of the population starts at age 55. Neugarten (1975) indicates that the number of people over the age of 55 in the United States is 71.2 million, with 12 million males, and 18 million females over the age of 65. Statistics indicate that approximately four per cent live in institutions, and that another 10 to 15 per cent are unable to do any kind of work or even keep house (Fishbein, 1973). It can be expected that this 10 to 15 per cent may at some time be placed in an institutional setting because of the problems that they may develop.

The problems of the geriatric patient can be separated into three generalized aspects: (a) biomedical, (b) sociological, and (c) psychological. Wolff (1970) discussed the biomedical aspects in terms of hereditary, dietary, physiological, and neurological studies; the sociological aspects in terms of effects that retirement, cultural attitudes and economic insecurity have on the geriatric patients; and the psychological aspects in terms of depression, psychosis, and emotional disturbances. The biomedical problems are usually handled by doctors and the medical personnel under the doctors. The other problems in the sociological and psychological areas are left to the individual until the family or community in which the person lives notices behaviors which appear to be endangering the person or other individuals around him.

The behaviors noticed by others can be caused by psychotic disturbances, drug or alcohol abuse, organic brain disorders and strokes, withdrawal from the family and community, financial setbacks, loneliness, impairment of mental functioning, or a generalized feeling of loss in the everyday existence of the individual. Burnside (1970b) emphasized that the feeling of loss was the most common topic that is discussed by the institutionalized geriatric patient. Brody (1970) in studying residents of nursing homes and old age homes indicates that the majority of the patients have seriously impaired mental functioning.

After noticing these behaviors, the family or community usually places the individual in an institutional setting so that help can be given to the individual to overcome his problems. This help takes the form of medical evaluations and treatment, financial assistance, and some type of psychotherapy or counseling. Wolff (1970) indicates that group psychotherapy appears to be "more economical of time and provides treatment for a greater number of geriatric patients. Group psychotherapy is also more useful than individual psychotherapy for the geriatric patient by its specific corrective experience in improvement of interpersonal relationships, resocialization in the hospital and motivation to adjust themselves outside the hospital." (p. 120). Wolff also points out a chief difference between group psychotherapy with the geraitric patient and with a younger population in the terms of insight:

> Some therapists are inclined to de-emphasize the gaining of insight but emphasize resocialization and the return to a higher degree of self-sufficiency. According to my experience, the development of deep insight for elderly citizens is frequently not only impossible but also undesirable. . . . Other probelms involving insomnia and restless agitation are expressions of their fear od dying. Letting elderly patients gain insight into this specific condition might disturb them greatly and can increase their symptoms. Support, rather than insight, is indicated and is more helpful on such occasions (p. 158).

## Review of Literture

The use of group psychotherapy, or in a simpler and broader term, group work, is less tahn thirty years old in geriatric setting. Burnside (1970a) in a review of selected literture of geriatric group work done in the United States before 1970, reported on 33 articles. In her evaluation, two important facts emerged: (a) There were few controlled studies of the effectiveness of group work with the aged, and (b) It was difficult to find commonalities in the techniques used for the group work. Since her review, there have been numerous publications in the geriatric field of group work. A survey of 20 selected studies reveals that three of the studies are about the need for group work for geriatric patients (Mayodas and Hink, 1974; Pfeiffer, 1971; Wolff, 1971), and two studies are on different group methods (Barns, Sack and Shore, 1973; Kobrynski, 1973). The other 15 articles report the results of group work using different methods. These methods are separated into the following six areas: (a) confrontation-problem-solving, (b) milieu, (c) reality orientation, (d) remotivation,

(e) resocialization, and (f) sensory stimulation. Five of the above areas have had a brief description published on them by Barns, Sack and Shore (1973) or by Kobrynski (1973), but they have not been examined in terms of the published reports on their effectiveness in practical use. This will be done for the six areas in the order of their presentation above.

The first area, confrontation-problem-solving, has only one study. That study is on the effectiveness of 15 minute confrontation sessions on three groups of chronic physically ill geriatric patients in a private short-term rehabilitation hospital to help them in dealing with their physical handicaps and the emotional side effects. In order to deal with these emotional side effects, the patients were confronted with statements such as, "Stop believing you will never leave the hospital!" It was found that patients involved with confrontation were able to progress in discharge planning at a faster rate than those patients who had supportive therapy or no therapy at all (Bodbole and Verinis, 1974). In this study it is not clear as to how the patients were able to react to the short period of time in which the group met.

The second area, milieu, involves the use of the institutional setting as a total therapeutic community in which all of the patients' time is used to gain experiences in interpersonal and social relationships (Barns et al., 1973); Kobrynski, 1973). Nathen (1973) reports the use of the milieu method with geriatric patients having mild functional and organic difficulties admitted to a private 14 bed psychiatric unit composed of a heterogeneous population over the age of 15 and having a 21 member staff. Their average length of stay in the program was 14 days, although with some patients the stay was longer. It was found that of the 39 geriatric patients involved in the program, most were able to leave the hospital in an improved condition.

The third area, reality orientation, is used to help the patient renew his contact to the world which he has lost because of person-place-time disorientation, memory impairment, or confusion. Reality orientation is done by two methods. The first is by a classroom experience where groups of patients are drilled in basic information regarding time, place, person, and date. The second way is by having all the treatment staff emphasize in their verbal communication with the patient what time it is, the name of the patient, where the patient is located, and what activity he is involved in (Barns et al., 1973). In another study, Browne and Ritter (1972) in group work with 12 patients using the Nurses Observation Scales for Inpatients

Evaluation, demonstration patient's improvement by the use of reality orientation. Rodstein (1975) indicates the use of a reality therapy using staff members to stimulate the patients in basic information and to help the patient overcome anxiety. Barnes (1974) did a study to determine the effectiveness of the reality orientation classroom. He had groups of patients meet six days weekly for two 30 minute sessions for six weeks. At the end of this time he determined that no marked changes were produced by the use of this method. Gubrium and Ksander (1975) examined the use of reality orientation in two midwestern nursing homes. It was pointed out that many drills taught in the classroom had no bearing on the actual schedule of the patients on the ward, and often led to an increase in confusion and disorientation of the patients' behavior. The implications of this study challenge the assumption that reality orientation helps the patients overcome his confusion and raises an important question about who is being helped--the patient or the staff members.

The fourth area, remotivation, is a technique of simple interaction between a staff member and groups of patients to assist in interpersonal relationships, communition, and to stimulate patients in thinking about and discussing items and events related to the real world (Barns et al., 1973). Berger and Berger (1971) have used this method in a private day care center in New York and found it to be helpful in overcoming many of the feelings of loss, hopelessness and depression that geriatric patients have. Birkett and Boltuch (1973) did a study of 57 geriatric patients who were randomly assigned to psychoanalytic group therapy or remotivation therapy. After 12 one hour weekly sessions it was found that there was no significant difference in the two methods, but they did gain the impression from discussions with other staff members that remotivation therapy was better suited for use with severly demented patients. Saul and Saul (1974) used remotivation for a group of 10 nursing home patients, meeting 1½ hours weekly for nine months and noted positive changes in the patients' behavior in the nursing home. Thralow and Watson (1974) used elementary school students as remotivational therapists in an 11 week program where they met with geriatric veterns in a hospital twice weekly for 45 minutes. The results of this study indicated that the patients demonstrated great improvement in areas of self-awareness and self-esteem and were given a renewed meaning to life.

The fifth area, **resocialization**, is supposed to expand consciousness and help the patient develop acceptable patterns of socialization by making him aware of his surroundings and having him relate his experiences to his past and to others in

interpersonal relationships (Barns et al., 1973). Burnside (1971) reports the results of a two year period where resocialization was used with a group of verbally coherent geriatric patients who had been hospitalized for three to five years. The patients were able to change from a withdrawn state having many repressed feelings, to a more open state where they could communicate the fears, frustrations, and anger they felt to others, and recieve a sense of acceptance. Finkel and Fillmore (1971) used resocialization in a private psychiatric hospital with 34 patients who had an average hospitalization of 44 days. The group met for two 30 minute sessions weekly, but the effectiveness of the resocialization was difficult to determine because the patients were being exposed to other forms of treatment (e.g., drugs, individual sessions, and electroshock). Manaster (1972) used resocialization with a group of 10 regressed, deteriorated, geriatric patients in a Jewish Home for the aged in Chicago. The group sessions lasted 15 minutes in the beginning and then stretched to one hour in length. In general it was reported that the patients were able to redevelop a sense of personal identity and take a more active part in living. Remnet (1974) describes a group of 42 patients at a convalescent hospital in Los Angeles which used resocialization to help the patients positively adapt to a long term care facility.

The sixth area, sensory stimulation, is used to help the regressed patient overcome his inability to react to his environment by literally helping him to use his five senses to stimulate his preception of his surroundings (Barn et al., 1973), Burnside (1973) used this method to see if a group of geriatric patients could improve their levels of response. She found that the overall level of response was increased.

## Discussion

Old people are placed in geriatric settings when they be become confused, depressed, disoriented, or have physical problems and can no longer function without supervision. The goal of the institution is to help the geriatric patient with his disabilities, re-establish him in person-place-time orientation, give him a sense of personal identity, help in establishing interpersonal relationship and adjust him to the new environmental setting of the institution. Group therapy is one way of helping the patient adjust to living in an institutional setting and to communicate with other individuals the feelings of loneliness and loss that have helped create the problems which led to his placement in an institution.

The 15 publications on group work, reported on in the literature review, describe the results of some of the different methods which are currently being used in institutional settings. Four of the publications report controlled studies and 11 of the publications report the author's observations. At present these are not enough controlled studies on current geriatric group work to determine the effectiveness of the methods reported on, but the overall impression given in the publications is that the methods used caused an improvement in the patient's level of functioning.

Each geriatric patient enters the institution with a different level of functioning. Some patients are oriented but withdraw from interpersonal associations, and others are not oriented and have delusions which cause difficulties in socialization. Each of the areas that the publications are separated into are focused at different levels of patient functioning. The confrontation and milieu methods are best used with patients who are in contact with their surroundings and are able to verbally interact with others about their problems. Reality orientation and sensory stimulation are useful in helping those patients who have lost their contact with the world around them, are confused, and demonstrate an inability to interact with their environment. Remotivation and resocialization can be used with patients who are withdrawn, have little interest in interpersonal relationships; but who are in contact with reality, respond to question asked them, and need new social patterns to give meaning to their lives and to overcome feelings of loss.

The methods which have been looked at are those that have been published in the United States during the past five years. The literture review does not include those reports on group methods with geriatric patients unpublished or unobtainable. It is not known if the methods reported are in wide use in different institutional settings nor what effectiveness is being achieved in patient functioning in those settings where these methods are in use.

From personal experiences in a geriatric institution, the implications of the different group methods are encouraging. More controlled studies are needed to determine the methods' effectiveness and point out changes which can be made to help in patient treatment. However, in geriatric institutions group work offers the cheapest method of gaining the most benefits for the patient.

## Implications

Group work can help in adjusting the geriatric patient to institutional settings and in helping the patient gain a sense of identity by encouraging development of interpersonal relationships and renewed social contact with reality. The method previously discussed can be used individually, but would be of more constructive use as part of a total treatment approach to help each patient at his level of functioning.

This treatment approach would use the milieu method as an overall framework with different staff members being responsible for groups of patients placed at different functioning levels. One level would use sensory stimulation and reality orientation to decrease confusion, increase orientation to reality and stimulate interaction with the institutional environment. After the patients had achieved some improvement in their functioning on this level, they would be moved to a level which used resocialization and remotivation to increase interpersonal and social contacts and give a greater sense of meaning to their lives. The third level would use confrontation-problem-solving to help the patients face the emotional feelings surrounding the circumstances of being placed in an institution, and making positive plans for the future. Hopefully through the combined use of these methods the patient's level of functioning could be improved to such an extent that he could leave the institutional setting.

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